Planning for ...
California's Health Care Future

OSHPD

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

Healthcare Information Resource Center

Internet and Personal Computer Diskette Documentation

**The Annual Utilization Data
For
Home Health Agencies and Hospices**

For Calendar Year

2000

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Annual Utilization Data for Home Health
Agencies and Hospices, 2000

Information is provided in this section regarding the number of facilities reporting, how the database is created, the review and correction process, and the report time period.
[This documentation package was created January 2002]

II.   **Documentation for the Data File by Download File and Item Number**

Refer to the page in this documentation for specific information on any of the 529 data fields or items:

III.   **Documentation for the Data File by Topic**

Licensure, Status, Ownership & Facility Information for Home Health Agencies and Hospices.
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Home Health Utilization
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Specific Data are Included from the Following Categories:
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Specific Data are Included from the Following Categories:
- Facility Ownership
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IV.   **Data Field Definitions by Item Number**
This is a six-page section of the documentation that is organized by item number.

Home Health/Hospice Data File Documentation - 2000

General Information

The Office of Statewide Health Planning and Development (OSHPD) annually produces this data file from the *Annual Utilization Report of Home Health Agencies and Hospices (AURHHAH)*. The data file includes utilization information from reports filed by California's licensed home health agencies and hospices. OSHPD staff reviews each report for correctness and completeness. OSHPD contacts the reporting facility staff when data reported appear incomplete or do not conform to established edits. If necessary, corrections are made to the data in consultation with the reporting facility staff. Once the review process for all reports has been completed, the database is closed and made available to the public.

The 2000 data set covers the 2000 calendar year: January 1, 2000 through December 31, 2000 and contains 529 data items (not all may be present for every facility) representing the 994 agencies/hospices licensed all year and for any time during the year.

Data file Format and Importing Into Spreadsheet or Database Software

This documentation includes descriptions of each data element (field). A blank copy of the report form -- *Annual Utilization Report of Home Health Agencies and Hospices (AURHHAH)* -- is included as Appendix B of this documentation package.

Due to the large number of data items, the data are separated into three files:

1) hha0001.txt–contains data from the *AURHHAH* pages 0 through 3.

2) hha0002.txt–contains data from the *AURHHAH* pages 4 through 9.

3) hha0003.txt–contains data from the *AURHHAH* pages 10 through 13.

The files are in a comma-delimited text (TXT) format for use in spreadsheet and database applications, as well as in SAS and other statistics programs.

Most spreadsheet or database programs require that you import files through its import feature. It is suggested that you review your software's import features before you double-click the TXT files in this package. Double-clicking a TXT file with Windows Explorer, for example, will result in Wordpad or Notepad automatically opening the file. TXT files must be imported into your application. If you are having difficulties processing the TXT file format, please review the Readme.txt guide that is included in this package. If you continue to have problems, contact the Healthcare Information Resource Center (HIRC) at (916) 322-2814. Be aware that the HIRC staff can only answer technical data questions. You must contact the software company's technical support service regarding operation of your software.

Data File Description

Each line (row) represents one home health agency or one hospice. There are up to 529 data items (columns) for each of the 994 agencies/hospices in the data set.

<u>**Data File Specifications**</u>

This section of the documentation, beginning on page 4 and ending on page 18, includes the following information for each data item:

Item No.   Each data field is assigned an item number and is referenced consistently throughout this documentation.

Column   When a file is imported into a spreadsheet, "column" indicates the column in which the data item is located.

Field Title   This is the name of each data item that is used as a database field name or spreadsheet column title. The field titles have been limited to 8 characters. Most of the titles represent the report page, line, and column of the data item. For example, P010602 is the data item found on report page 1, column 6, line 2.

Data Item   This is the name or description of the data item.

Data Type   This indicates if the field is TEXT or NUMERIC, as defined below:

         Text   Alphanumeric - alphabetic and/or numeric data, left justified, and left-space filled

         Numeric   Numeric - only numeric values, no punctuation, right justified, and left-space filled (leading hyphen for negative sign).

Field Size   Indicates the maximum field size.

<u>**Data Field Definitions**</u>

     The Data Field Definitions section begins on page 18 and contains the definitions of the data items listed by Item Number.

Item No.	Column	Field Title	Data Item	Field Type	Field Size

File 1 Annual Utilization Data for Home Health Agencies and Hospices

Home Health Agency and Hospice Utilization Report Information

Item No.	Column	Field Title	Data Item	Field Type	Field Size
1	A	FAC_NO	OSHPD Facility ID	Numeric	9
2	B	COUNTY	County Number	Numeric	2
3	C	PERM_ID	OSHPD Permanent ID	Numeric	4
4	D	LIC_TYPE	LFS License Type	Numeric	1
5	E	LIC_DATE	LFS First Licensed Date	Text	8
6	F	FAC_CODE	Facility Status Code	Numeric	1
7	G	CLOSD_DATE	Facility Closed Date	Text	8
8	H	OPEN_CODE	Open Status Code (Out of Suspense)	Numeric	1
9	I	OPEN_ST_DT	Open Status Date	Text	8
10	J	CON_TYPE	Type of Consolidation	Text	1
11	K	CON_PARENT	Parent Consolidation	Text	1
12	L	CON_SEQ	Sequence of Consolidation	Text	3
13	M	CON_DATE	Parent/Branch Consolidation Date	Text	8

General Facility Information

Item No.	Column	Field Title	Data Item	Field Type	Field Size
14	N	NAME	Facility Name (on12/31)	Text	50
15	O	ADDRESS	Facility Address	Text	30
16	P	CITY	Facility City (DBA)	Text	20
17	Q	ZIP_CODE	Zip Code (DBA)	Text	10
18	R	ATTN_MAIL	Facility Attention (Mailing Address)	Text	30
19	S	ADDR_MAIL	Facility Address (Mailing Address)	Text	30
20	T	CITY_MAIL	Facility City (Mailing Address)	Text	20
21	U	ST_MAIL	State (Mailing Address)	Text	2
22	V	ZIP_MAIL	Zip Code (Mailing Address)	Text	10
23	W	HSA	HSA (Health Service Area)Codes: 01-14	Text	2
24	X	HFPA	HFPA (Health Facility Planning Area Codes: 0101-1424)	Text	4
25	Y	COMPTD_CD	Computed Status Code	Text	3
26	Z	00.01.04	Report Status	Numeric	2
27	AA	01.01.01	Agency Type	Numeric	1
28	AB	01.02.01	Subagency	Numeric	1
29	AC	01.05.01	Dates of Operation: From (MMDD) Year =00	Numeric	4
30	AD	01.05.02	Dates of Operation: Through (MMDD) Year =00	Numeric	4
31	AE	01.06.01	Certified for: Medicare (1=Yes, 0=No)	Numeric	1
32	AF	01.06.02	Certified for: Medi-Cal (1=Yes, 0=No)	Numeric	1
33	AG	01.07.01	Agency has a Hospice Program (1=Yes, 0=No)	Numeric	1
34	AH	01.08.01	Hospice Program certified for: Medicare (1=Yes, 0=No)	Numeric	1
35	AI	01.08.02	Hospice Program certified for: Medi-Cal (1=Yes, 0=No)	Numeric	1
36	AJ	01.09.01	Hospice: Freestanding (1=Yes, 0=No)	Numeric	1
37	AK	01.10.01	Hospice Certified Medicare (1=Yes, 0=No)	Numeric	1
38	AL	01.10.02	Hospice Certified Medi-Cal (1=Yes, 0=No)	Numeric	1
39	AM	01.11.01	Agency Accreditation: JCAHO (1=Yes, 0=No)	Numeric	1
40	AN	01.11.02	Agency Accreditation: CHAP (1=Yes, 0=No)	Numeric	1
41	AO	PHONE	Telephone Number (with Area Code)	Numeric	10

Item No.	Column	Field Title	Data Item	Field Type	Field Size

PART A   **Home Health Utilization**

Home Infusion/Pharmacy Only

Item No.	Column	Field Title	Data Item	Field Type	Field Size
42	AP	02.01.01	Registered Nurse on staff (1=Yes, 0=No)	Numeric	1
43	AQ	02.02.01	Agency is a Licensed Pharmacy (1=Yes, 0=No)	Numeric	1

Special Services (1=Service Provided, 0=Not Provided)

Item No.	Column	Field Title	Data Item	Field Type	Field Size
44	AR	02.12.01	Enterostomal Therapy	Numeric	1
45	AS	02.12.02	Mental Health Counseling	Numeric	1
46	AT	02.13.01	Respiratory/Pulmonary Therapy	Numeric	1
47	AU	02.13.02	Pediatric	Numeric	1
48	AV	02.14.01	IV Therapy (includes Chemo & TPN)	Numeric	1
49	AW	02.14.02	Psychiatric Nursing	Numeric	1
50	AX	02.15.01	AIDS Services	Numeric	1
51	AY	02.15.02	Blood Transfusions	Numeric	1
52	AZ	02.16.01	Other	Numeric	1

Patient Information

Item No.	Column	Field Title	Data Item	Field Type	Field Size
53	BA	02.17.01	Unduplicated patients (during reporting year)	Numeric	7

Home Health Care-Other Home Health Visits

Item No.	Column	Field Title	Data Item	Field Type	Field Size
54	BB	02.18.01	Pre-Admission Screening/Evaluations	Numeric	6
55	BC	02.19.01	Outpatient Visits	Numeric	6
56	BD	02.20.01	Other	Numeric	6
57	BE	02.21.01	Total	Numeric	6

Other Home Care Services

Item No.	Column	Field Title	Data Item	Field Type	Field Size
58	BF	02.22.01	Performed Home Care Services (1=Yes, 0=No)	Numeric	1
59	BG	02.23.01	Total Hours of Other Home Care	Numeric	7
60	BH	02.25.01	Non-Intermittent Nursing (RN/LVN) (1=Provided, 0=Not provided)	Numeric	1
61	BI	02.26.01	Certified Nurse Assistant (CNA) (1=Provided, 0=Not provided)	Numeric	1
62	BJ	02.27.01	Homemaker Services (1=Provided, 0=Not provided)	Numeric	1
63	BK	02.28.01	Home Health Aide (1=Provided, 0=Not provided)	Numeric	1
64	BL	02.29.01	Other	Numeric	1

Home Health Agency Patients & Visits

Patients and Visits by Age

Item No.	Column	Field Title	Data Item	Field Type	Field Size
65	BM	03.01.01	Patients: Total	Numeric	6
66	BN	03.01.02	Visits: Total	Numeric	7
67	BO	03.02.01	Patients: 0-10 Years	Numeric	6
68	BP	03.02.02	Visits:0-10 Years	Numeric	7
69	BQ	03.03.01	Patients: 11-20 Years	Numeric	6
70	BR	03.03.02	Visits: 11-20 Years	Numeric	7
71	BS	03.04.01	Patients: 21-30 Years	Numeric	6
72	BT	03.04.02	Visits: 21-30 Years	Numeric	7
73	BU	03.05.01	Patients: 31-40	Numeric	6
74	BV	03.05.02	Visits: 31-40 Years	Numeric	7
75	BW	03.06.01	Patients: 41-50 Years	Numeric	6
76	BX	03.06.02	Visits: 41-50 Years	Numeric	7
77	BY	03.07.01	Patients: 51-60 Years	Numeric	6

Item No.	Column	Field Title	Data Item	Field Type	Field Size
78	BZ	03.07.02	Visits: 51-60 Years	Numeric	7
79	CA	03.08.01	Patients: 61-70 Years	Numeric	6
80	CB	03.08.02	Visits: 61-70 Years	Numeric	7
81	CC	03.09.01	Patients: 71-80 Years	Numeric	6
82	CD	03.09.02	Visits: 71-80 Years	Numeric	7
83	CE	03.10.01	Patients: 81-90 Years	Numeric	6
84	CF	03.10.02	Visits: 81-90 Years	Numeric	7
85	CG	03.11.01	Patients: 90 Years and Older	Numeric	6
86	CH	03.11.02	Visits: 90 Years and Older	Numeric	7

Discharges by Reason for Discharge

Item No.	Column	Field Title	Data Item	Field Type	Field Size
87	CI	03.21.01	Total	Numeric	6
88	CJ	03.22.01	No Further Home Health Care Needed	Numeric	6
89	CK	03.23.01	Admitted to Hospital	Numeric	6
90	CL	03.24.01	Admitted to SN/IC Facility	Numeric	6
91	CM	03.25.01	Family/Friends Assumed Responsibility	Numeric	6
92	CN	03.26.01	Patient Moved out of Area	Numeric	6
93	CO	03.27.01	Patient Refused Service	Numeric	6
94	CP	03.28.01	Transferred to Another HHA	Numeric	6
95	CQ	03.29.01	Transferred to Outpatient Rehabilitation	Numeric	6
96	CR	03.30.01	Physician Request	Numeric	6
97	CS	03.31.01	Death	Numeric	6
98	CT	03.32.01	Lack of Funds	Numeric	6
99	CU	03.33.01	Lack of Progress	Numeric	6
100	CV	03.34.01	Transferred to Hospice	Numeric	6
101	CW	03.35.01	Transferred to Home Care (Personal Care)	Numeric	6
102	CX	03.36.01	Other	Numeric	6

Visits by Primary Reimbursement Source

Item No.	Column	Field Title	Data Item	Field Type	Field Size
103	CY	03.39.01	Visits: Total	Numeric	7
104	CZ	03.40.01	Visits: Medicare	Numeric	7
105	DA	03.41.01	Visits: Medi-Cal	Numeric	7
106	DB	03.42.01	Visits: CHAMPUS	Numeric	7
107	DC	03.43.01	Visits: Other Third Party (Ins., etc)	Numeric	7
108	DD	03.44.01	Visits: Private (Self-Pay)	Numeric	7
109	DE	03.45.01	Visits: HMO/PPO	Numeric	7
110	DF	03.46.01	Visits: No Reimbursement	Numeric	7
111	DG	03.47.01	Visits: Other (Incl. MSSP)	Numeric	7

Visits by Type of Staff

Item No.	Column	Field Title	Data Item	Field Type	Field Size
112	DH	03.51.01	Visits: Total	Numeric	7
113	DI	03.52.01	Visits: Registered Nurse	Numeric	7
114	DJ	03.53.01	Visits: Public Health Nurse	Numeric	7
115	DK	03.54.01	Visits: Home Health Aide	Numeric	7
116	DL	03.55.01	Visits: Physical Therapist	Numeric	7
117	DM	03.56.01	Visits: Licensed Vocational Nurse	Numeric	7
118	DN	03.57.01	Visits: Social Worker	Numeric	7
119	DO	03.58.01	Visits: Occupational Therapist	Numeric	7
120	DP	03.59.01	Visits: Speech Pathologist/Audiologist	Numeric	7
121	DQ	03.60.01	Visits: Nutritionist (diet counseling)	Numeric	7
122	DR	03.61.01	Visits: Physician	Numeric	7
123	DS	03.62.01	Visits: Spiritual and Pastoral Care	Numeric	7

Item No.	Column	Field Title	Data Item	Field Type	Field Size
124	DT	03.63.01	Visits: Other	Numeric	7

Admissions by Source of Referral

Item No.	Column	Field Title	Data Item	Field Type	Field Size
125	DU	03.71.01	Admissions: Total	Numeric	6
126	DV	03.72.01	Admissions: Hospital	Numeric	6
127	DW	03.73.01	Admissions: Physician	Numeric	6
128	DX	03.74.01	Admissions: Family/Friend	Numeric	6
129	DY	03.75.01	Admissions: Self	Numeric	6
130	DZ	03.76.01	Admissions: Long Term Care Facility	Numeric	6
131	EA	03.77.01	Admissions: Local Health Department	Numeric	6
132	EB	03.78.01	Admissions: Clinic	Numeric	6
133	EC	03.79.01	Admissions: Social Service Agency	Numeric	6
134	ED	03.80.01	Admissions: Another Home Health Agency	Numeric	6
135	EE	03.81.01	Admissions: Payer (insurer, HMO, etc)	Numeric	6
136	EF	03.82.01	Admissions: Hospice	Numeric	6
137	EG	03.83.01	Admissions: MSSP	Numeric	6
138	EH	03.84.01	Admissions: Other	Numeric	6

Item No.	Column	Field Title	Data Item	Field Type	Field Size
			File 2 Annual Utilization Data for Home Health Agencies and Hospices		
139	A	FAC_NO	OSHPD Facility ID	Numeric	9

Patients and Visits by Principal Diagnosis for Which Care Was Given

Item No.	Column	Field Title	Data Item	Field Type	Field Size
140	B	04.01.01	Patients: Total	Numeric	6
141	C	04.01.02	Visits: Total	Numeric	7
142	D	04.02.01	Patients: Infectious & Parasitic Diseases (Excludes AIDS)	Numeric	6
143	E	04.02.02	Visits: Infectious and Parasitic Diseases (Excludes AIDS)	Numeric	7
144	F	04.03.01	Patients: HIV Infections (Includes AIDS, ARC, HIV)	Numeric	6
145	G	04.03.02	Visits: HIV Infections (Includes AIDS, ARC, HIV)	Numeric	7
146	H	04.04.01	Patients: Malignant Neoplasms: Lung	Numeric	6
147	I	04.04.02	Visits: Malignant Neoplasms: Lung	Numeric	7
148	J	04.05.01	Patients: Malignant Neoplasms: Breast	Numeric	6
149	K	04.05.02	Visits: Malignant Neoplasms: Breast	Numeric	7
150	L	04.06.01	Patients: Malignant Neoplasms: Intestines	Numeric	6
151	M	04.06.02	Visits: Malignant Neoplasms: Intestines	Numeric	7
152	N	04.07.01	Patients: Malignant Neoplasms: All Other Sites	Numeric	6
153	O	04.07.02	Visits: Malignant Neoplasms: All Other Sites	Numeric	7
154	P	04.08.01	Patients: Non-Malignant Neoplasms: All Sites	Numeric	6
155	Q	04.08.02	Visits: Non-Malignant Neoplasms: All Sites	Numeric	7
156	R	04.09.01	Patients: Diabetes Mellitus	Numeric	6
157	S	04.09.02	Visits: Diabetes Mellitus	Numeric	7
158	T	04.10.01	Patients: Endocrine, Metabolic and Nutritional Diseases; Immunity Disorders	Numeric	6
159	U	04.10.02	Visits: Endocrine, Metabolic and Nutritional Diseases, Immunity Disorders	Numeric	7
160	V	04.11.01	Patients: Diseases of Blood and Blood Forming Organs	Numeric	6
161	W	04.11.02	Visits: Diseases of Blood and Blood Forming Organs	Numeric	7
162	X	04.12.01	Patients: Mental Disorders	Numeric	6
163	Y	04.12.02	Visits: Mental Disorders	Numeric	7
164	Z	04.13.01	Patients: Alzheimer's Disease	Numeric	6
165	AA	04.13.02	Visits: Alzheimer's Disease	Numeric	7
166	AB	04.14.01	Patients: Diseases of Nervous System and Sense Organs	Numeric	6
167	AC	04.14.02	Visits: Diseases of Nervous System and Sense Organs	Numeric	7
168	AD	04.15.01	Patients: Diseases of Cardiovascular System	Numeric	6
169	AE	04.15.02	Visits: Diseases of Cardiovascular System	Numeric	7
170	AF	04.16.01	Patients: Diseases of Cerebrovascular System	Numeric	6
171	AG	04.16.02	Visits: Disease of Cerebrovascular System	Numeric	7
172	AH	04.17.01	Patients: Diseases of All Other Circulatory Systems	Numeric	6
173	AI	04.17.02	Visits: Diseases of All Other Circulatory Systems	Numeric	7
174	AJ	04.18.01	Patients: Diseases of Respiratory System	Numeric	6
175	AK	04.18.02	Visits: Diseases of Respiratory System	Numeric	7
176	AL	04.19.01	Patients: Diseases of Digestive System	Numeric	6
177	AM	04.19.02	Visits: Diseases of Digestive System	Numeric	7
178	AN	04.20.01	Patients: Diseases of Genitourinary System	Numeric	6
179	AO	04.20.02	Visits: Diseases of Genitourinary System	Numeric	7
180	AP	04.21.01	Patients: Diseases of Breast	Numeric	6
181	AQ	04.21.02	Visits: Diseases of Breast	Numeric	7
182	AR	04.22.01	Patients: Complications of Pregnancy, Childbirth, and the Puerperium	Numeric	6

Item No.	Column	Field Title	Data Item	Field Type	Field Size

Patients and Visits by Principal Diagnosis for Which Care Was Given, continued

Item No.	Column	Field Title	Data Item	Field Type	Field Size
183	AS	04.22.02	Visits: Complications of Pregnancy, Childbirth, and the Puerperium	Numeric	7
184	AT	04.23.01	Patients: Diseases of Skin and Subcutaneous Tissue	Numeric	6
185	AU	04.23.02	Visits: Diseases of Skin and Subcutaneous Tissue	Numeric	7
186	AV	04.24.01	Patients: Diseases of Musculoskeletal System and Connective Tissue	Numeric	6
187	AW	04.24.02	Visits: Diseases of Musculoskeletal System and Connective Tissue	Numeric	7
188	AX	04.25.01	Patients: Congenital Anomalies and Perinatal Conditions	Numeric	6
189	AY	04.25.02	Visits: Congenital Anomalies and Perinatal Conditions	Numeric	7
190	AZ	04.26.01	Patients: Symptoms, Signs, and Ill-defined Conditions (Excludes HIV positive test)	Numeric	6
191	BA	04.26.02	Visits: Symptoms, Signs, and Ill-defined Conditions (Excludes HIV positive test)	Numeric	7
192	BB	04.27.01	Patients: Fractures (Exclude Birth FX, Pathological FX, Malunion FX, Nonunion FX)	Numeric	6
193	BC	04.27.02	Visits: Fractures (Exclude Birth FX, Pathological FX, Malunion FX, Nonunion FX)	Numeric	7
194	BD	04.28.01	Patients: All Other Injuries	Numeric	6
195	BE	04.28.02	Visits: All Other Injuries	Numeric	7
196	BF	04.29.01	Patients: Poisonings and Adverse Effects of External Causes	Numeric	6
197	BG	04.29.02	Visits: Poisonings and Adverse Effects of External Causes	Numeric	7
198	BH	04.30.01	Patients: Complications of Surgical and Medical Care	Numeric	6
199	BI	04.30.02	Visits: Complications of Surgical and Medical Care	Numeric	7
200	BJ	04.31.01	Patients: Health Services Related to Reproduction and Development	Numeric	6
201	BK	04.31.02	Visits: Health Services Related to Reproduction and Development	Numeric	7
202	BL	04.32.01	Patients: Infants Born Outside Hospital	Numeric	6
203	BM	04.32.02	Visits: Infants Born Outside Hospital	Numeric	7
204	BN	04.33.01	Patients: Health Hazards to Communicable Diseases	Numeric	6
205	BO	04.33.02	Visits: Health Hazards to Communicable Diseases	Numeric	7
206	BP	04.34.01	Patients: Other Health Services for Specific Procedures and Aftercare	Numeric	6
207	BQ	04.34.02	Visits: Other Health Services for Specific Procedures and Aftercare	Numeric	7
208	BR	04.35.01	Patients: Visits for Evaluation & Assessment	Numeric	6
209	BS	04.35.02	Visits: Visits for Evaluation & Assessment	Numeric	7
210	BT	04.36.01	Patients: HIV (AIDS/ARC or HTLV/III-LAV)	Numeric	6
211	BU	04.36.02	Visits: HIV (AIDS/ARC or HTLV/III-LAV)	Numeric	7
212	BV	04.37.01	Patients: Alzheimer's Disease	Numeric	6
213	BW	04.37.02	Visits: Alzheimer's Disease	Numeric	7

PART B   **Hospice Utilization**

Facility Ownership

Item No.	Column	Field Title	Data Item	Field Type	Field Size
214	BX	07.01.01	Hospice operates as an inpatient facility(ies) (1=Yes, 0=No)	Numeric	1
215	BY	07.02.01	How many inpatient facilities does the hospice operate	Numeric	3
216	BZ	07.03.01	Licensed as a hospital (1=Yes, 0=No)	Numeric	1
217	CA	07.03.02	Number of Beds	Numeric	3
218	CB	07.04.01	Licensed as a SNF (1=Yes, 0=No)	Numeric	1
219	CC	07.04.02	Number of beds in SNF	Numeric	3
220	CD	07.05.01	Licensed as a CLHF (1=Yes, 0=No)	Numeric	1
221	CE	07.05.02	Number of beds in CLHF	Numeric	3
222	CF	07.06.01	Licensed as a RCFE (1=Yes, 0=No)	Numeric	1
223	CG	07.06.02	Number of beds in RCFE	Numeric	2

Item No.	Column	Field Title	Data Item	Field Type	Field Size
Hospice Services (1=Yes, 0=No)					
224	CH	07.07.01	Enterostomal Therapy – Directly	Numeric	1
225	CI	07.07.02	Enterostomal Therapy – Contracted	Numeric	1
226	CJ	07.08.01	Respiratory/Pulmonary Therapy – Directly	Numeric	1
227	CK	07.08.02	Respiratory/Pulmonary Therapy – Contracted	Numeric	1
228	CL	07.09.01	Nutritional Counseling – Directly	Numeric	1
229	CM	07.09.02	Nutritional Counseling – Contracted	Numeric	1
230	CN	07.10.01	IV Therapy – Directly	Numeric	1
231	CO	07.10.02	IV Therapy – Contracted	Numeric	1
232	CP	07.11.01	Palliative Chemotherapy – Directly	Numeric	1
233	CQ	07.11.02	Palliative Chemotherapy – Contracted	Numeric	1
234	CR	07.12.01	Palliative Radiation Therapy – Directly	Numeric	1
235	CS	07.12.02	Palliative Radiation Therapy – Contracted	Numeric	1
236	CT	07.13.01	24 Hour On Call & Visit Coverage – Directly	Numeric	1
237	CU	07.13.02	24 Hour On Call & Visit Coverage – Contracted	Numeric	1
238	CV	07.14.01	Pediatric Care – Directly	Numeric	1
239	CW	07.14.02	Pediatric Care – Contracted	Numeric	1
240	CX	07.15.01	HIV Care – Directly	Numeric	1
241	CY	07.15.02	HIV Care – Contracted	Numeric	1
242	CZ	07.16.01	In Home Respite – Directly	Numeric	1
243	DA	07.16.02	In Home Respite – Contracted	Numeric	1
244	DB	07.17.01	Home Medical Equipment/Supplies – Directly	Numeric	1
245	DC	07.17.02	Home Medical Equipment/Supplies – Contracted	Numeric	1
246	DD	07.18.01	Laboratory Services – Directly	Numeric	1
247	DE	07.18.02	Laboratory Services – Contracted	Numeric	1
248	DF	07.19.01	Transportation/Ambulance – Directly	Numeric	1
249	DG	07.19.02	Transportation/Ambulance – Contracted	Numeric	1
250	DH	07.20.01	Pharmacy – Directly	Numeric	1
251	DI	07.20.02	Pharmacy – Contracted	Numeric	1
252	DJ	07.21.01	Inpatient Services – Directly	Numeric	1
253	DK	07.21.02	Inpatient Services – Contracted	Numeric	1
254	DL	07.22.01	Nursing – Directly	Numeric	1
255	DM	07.22.02	Nursing – Contracted	Numeric	1
256	DN	07.23.01	Social Work/Counseling – Directly	Numeric	1
257	DO	07.23.02	Social Work/Counseling – Contracted	Numeric	1
258	DP	07.24.01	Spiritual/Pastoral – Directly	Numeric	1
259	DQ	07.24.02	Spiritual/Pastoral – Directly	Numeric	1
260	DR	07.25.01	Home Health Aide/Homemaker – Directly	Numeric	1
261	DS	07.25.02	Home Health Aide/Homemaker – Contracted	Numeric	1
262	DT	07.26.01	Volunteer Services – Directly	Numeric	1
263	DU	07.26.02	Volunteer Services – Contracted	Numeric	1
264	DV	07.27.01	Hospice Physician/Medical Director – Directly	Numeric	1
265	DW	07.27.02	Hospice Physician/Medical Director – Contracted	Numeric	1
266	DX	07.28.01	Bereavement Services – Directly	Numeric	1
267	DY	07.28.02	Bereavement Services – Contracted	Numeric	1
268	DZ	07.29.01	Other – Directly	Numeric	1
269	EA	07.29.02	Other – Contracted	Numeric	1
Bereavement Services Provided (1=Yes, 0=No)					
270	EB	08.01.01	Bereavement Assessments – Provided	Numeric	1
271	EC	08.01.02	Bereavement Assessments – Contracted	Numeric	1
272	ED	08.02.01	Home Counseling by Professionals – Provided	Numeric	1

Item No.	Column	Field Title	Data Item	Field Type	Field Size

Bereavement Services Provided (1=Yes, 0=No) continued

Item No.	Column	Field Title	Data Item	Field Type	Field Size
273	EE	08.02.02	Home Counseling by Professionals – Contracted	Numeric	1
274	EF	08.03.01	Home Counseling by Volunteers – Provided	Numeric	1
275	EG	08.03.02	Home Counseling by Volunteers – Contracted	Numeric	1
276	EH	08.04.01	Referrals for Psychological Services When Appropriate – Provided	Numeric	1
277	EI	08.04.02	Referrals for Psychological Services When Appropriate – Contracted	Numeric	1
278	EJ	08.05.01	Follow-ups (telephone/mail) – Provided	Numeric	1
279	EK	08.05.02	Follow-ups (telephone/mail) – Contracted	Numeric	1
280	EL	08.06.01	General Bereavement Groups – Provided	Numeric	1
281	EM	08.06.02	General Bereavement Groups – Contracted	Numeric	1
282	EN	08.07.01	Memorial Services – Provided	Numeric	1
283	EO	08.07.02	Memorial Services – Contracted	Numeric	1
284	EP	08.08.01	Specialized Bereavement Groups – Provided	Numeric	1
285	EQ	08.08.02	Specialized Bereavement Groups – Contracted	Numeric	1
286	ER	08.09.01	Social Activities – Provided	Numeric	1
287	ES	08.09.02	Social Activities – Contracted	Numeric	1

Volunteer Hours by Type of Service

Item No.	Column	Field Title	Data Item	Field Type	Field Size
288	ET	08.15.01	Non-Professional Patient/Family Support	Numeric	6
289	EU	08.16.01	Professional Clinical Patient/Family Support	Numeric	6
290	EV	08.17.01	Bereavement Support	Numeric	6
291	EW	08.18.01	Patient Care Program Administrative Support	Numeric	6
292	EX	08.19.01	Non-patient Care Administrative Support	Numeric	6
293	EY	08.20.01	Other	Numeric	6
294	EZ	08.21.01	TOTAL HOURS	Numeric	7

PATIENT INFORMATION

Unduplicated Patients by Gender and Age

Item No.	Column	Field Title	Data Item	Field Type	Field Size
295	FA	09.01.01	0-10 MALE	Numeric	6
296	FB	09.01.02	0-10 FEMALE	Numeric	6
297	FC	09.01.03	0-10 OTHER/UNKNOWN	Numeric	6
298	FD	09.01.04	0-10 TOTAL	Numeric	7
299	FE	09.02.01	11-20 MALE	Numeric	6
300	FF	09.02.02	11-20 FEMALE	Numeric	6
301	FG	09.02.03	11-20 OTHER/UNKNOWN	Numeric	6
302	FH	09.02.04	11-20 TOTAL	Numeric	7
303	FI	09.03.01	21-30 MALE	Numeric	6
304	FJ	09.03.02	21-30 FEMALE	Numeric	6
305	FK	09.03.03	21-30 OTHER/UNKNOWN	Numeric	6
306	FL	09.03.04	21-30 TOTAL	Numeric	7
307	FM	09.04.01	31-40 MALE	Numeric	6
308	FN	09.04.02	31-40 FEMALE	Numeric	6
309	FO	09.04.03	31-40 OTHER/UNKNOWN	Numeric	6
310	FP	09.04.04	31-40 TOTAL	Numeric	7
311	FQ	09.05.01	41-50 MALE	Numeric	6
312	FR	09.05.02	41-50 FEMALE	Numeric	6
313	FS	09.05.03	41-50 OTHER/UNKNOWN	Numeric	6
314	FT	09.05.04	41-50 TOTAL	Numeric	7
315	FU	09.06.01	51-60 MALE	Numeric	6
316	FV	09.06.02	51-60 FEMALE	Numeric	6

Item No.	Column	Field Title	Data Item	Field Type	Field Size

Unduplicated Patients by Gender and Age, continued

Item No.	Column	Field Title	Data Item	Field Type	Field Size
317	FW	09.06.03	51-60 OTHER/UNKNOWN	Numeric	6
318	FX	09.06.04	51-60 TOTAL	Numeric	7
319	FY	09.07.01	61-70 MALE	Numeric	6
320	FZ	09.07.02	61-70 FEMALE	Numeric	6
321	GA	09.07.03	61-70 OTHER/UNKNOWN	Numeric	6
322	GB	09.07.04	61-70 TOTAL	Numeric	7
323	GC	09.08.01	71-80 MALE	Numeric	6
324	GD	09.08.02	71-80 FEMALE	Numeric	6
325	GE	09.08.03	71-80 OTHER/UNKNOWN	Numeric	6
326	GF	09.08.04	71-80 TOTAL	Numeric	7
327	GG	09.09.01	81-90 MALE	Numeric	6
328	GH	09.09.02	81-90 FEMALE	Numeric	6
329	GI	09.09.03	81-90 OTHER/UNKNOWN	Numeric	6
330	GJ	09.09.04	81-90 TOTAL	Numeric	7
331	GK	09.10.01	91+ MALE	Numeric	6
332	GL	09.10.02	91+ FEMALE	Numeric	6
333	GM	09.10.03	91+ OTHER/UNKNOWN	Numeric	6
334	GN	09.10.04	91+ TOTAL	Numeric	7
335	GO	09.11.01	TOTAL MALE	Numeric	6
336	GP	09.11.02	TOTAL FEMALE	Numeric	6
337	GQ	09.11.03	TOTAL OTHER/UNKNOWN	Numeric	6
338	GR	09.11.04	TOTAL PATIENTS	Numeric	7

Unduplicated Patients by Race

Item No.	Column	Field Title	Data Item	Field Type	Field Size
339	GS	09.20.01	WHITE MALE	Numeric	6
340	GT	09.20.02	WHITE FEMALE	Numeric	6
341	GU	09.20.03	WHITE OTHER/UNKNOWN	Numeric	6
342	GV	09.20.04	WHITE TOTAL	Numeric	7
343	GW	09.21.01	BLACK MALE	Numeric	6
344	GX	09.21.02	BLACK FEMALE	Numeric	6
345	GY	09.21.03	BLACK OTHER/UNKNOWN	Numeric	6
346	GZ	09.21.04	BLACK TOTAL	Numeric	7
347	HA	09.22.01	NATIVE AMERICAN MALE	Numeric	6
348	HB	09.22.02	NATIVE AMERICAN FEMALE	Numeric	6
349	HC	09.22.03	NATIVE AMERICAN OTHER/UNKNOWN	Numeric	6
350	HD	09.22.04	NATIVE AMERICAN TOTAL	Numeric	7
351	HE	09.23.01	ASIAN/PACIFIC ISLANDER MALE	Numeric	6
352	HF	09.23.02	ASIAN/PACIFIC ISLANDER FEMALE	Numeric	6
353	HG	09.23.03	ASIAN/PACIFIC ISLANDER OTHER/UNKNOWN	Numeric	6
354	HH	09.23.04	ASIAN/PACIFIC ISLANDER TOTAL	Numeric	7
355	HI	09.24.01	OTHER MALE	Numeric	6
356	HJ	09.24.02	OTHER FEMALE	Numeric	6
357	HK	09.24.03	OTHER OTHER/UNKNOWN	Numeric	6
358	HL	09.24.04	OTHER TOTAL	Numeric	7
359	HM	09.25.01	UNKNOWN MALE	Numeric	6
360	HN	09.25.02	UNKNOWN FEMALE	Numeric	6
361	HO	09.25.03	UNKNOWN OTHER/UNKNOWN	Numeric	6
362	HP	09.25.04	UNKNOWN TOTAL	Numeric	7
363	HQ	09.26.01	TOTAL MALE	Numeric	6
364	HR	09.26.02	TOTAL FEMALE	Numeric	6
365	HS	09.26.03	TOTAL OTHER/UNKNOWN	Numeric	6

Item No.	Column	Field Title	Data Item	Field Type	Field Size
Unduplicated Patients by Race, continued					
366	HT	09.26.04	TOTAL PATIENTS	Numeric	7
Ethnicity					
367	HU	09.30.01	HISPANIC	Numeric	6
368	HV	09.30.02	NON-HISPANIC	Numeric	6

Item No.	Column	Field Title	Data Item	Field Type	Field Size

File 3 Annual Utilization Data for Home Health Agencies and Hospices

Patient Admissions and Discharges by Source and Disposition

Item No.	Column	Field Title	Data Item	Field Type	Field Size
369	A	FAC_NO	OSHPD Facility ID	Numeric	9

Admissions by Source of Referral

Item No.	Column	Field Title	Data Item	Field Type	Field Size
370	B	10.01.01	Hospital	Numeric	6
371	C	10.02.01	Physician	Numeric	6
372	D	10.03.01	Family/Friend	Numeric	6
373	E	10.04.01	Self	Numeric	6
374	F	10.05.01	Long Term Care Facility (SN/IC)	Numeric	6
375	G	10.06.01	Clinic	Numeric	6
376	H	10.07.01	Social Service Agency	Numeric	6
377	I	10.08.01	Home Health Agency	Numeric	6
378	J	10.09.01	Payer (Insurer, HMO, etc)	Numeric	6
379	K	10.10.01	Other Hospice	Numeric	6
380	L	10.11.01	AIDS Service Organization	Numeric	6
381	M	10.12.01	Other	Numeric	6
382	N	10.13.01	TOTAL ADMISSIONS	Numeric	7

Patient Discharges by Reason for Discharge

Item No.	Column	Field Title	Data Item	Field Type	Field Size
383	O	10.20.01	Death	Numeric	6
384	P	10.21.01	Patient Moved Out of Area	Numeric	6
385	Q	10.22.01	Patient Refused Service	Numeric	6
386	R	10.23.01	Transferred to Another Local Hospice	Numeric	6
387	S	10.24.01	Prognosis Extended	Numeric	6
388	T	10.25.01	Patient Desired Curative Treatment	Numeric	6
389	U	10.26.01	Other	Numeric	6
390	V	10.27.01	TOTAL DISCHARGES	Numeric	6

Number of Discharged Patients by Length of Stay

Item No.	Column	Field Title	Data Item	Field Type	Field Size
391	W	10.35.01	0 – 30 Days	Numeric	6
392	X	10.36.01	31 – 60 Days	Numeric	6
393	Y	10.37.01	61 – 90 Days	Numeric	6
394	Z	10.38.01	91 – 120 Days	Numeric	6
395	AA	10.39.01	121 – 150 Days	Numeric	6
396	AB	10.40.01	151 – 180 Days	Numeric	6
397	AC	10.41.01	181 – 210 Days	Numeric	6
398	AD	10.42.01	211 – 240 Days	Numeric	6
399	AE	10.43.01	241 + Days	Numeric	6
400	AF	10.44.01	TOTAL PATIENTS	Numeric	7

Visits by Type of Staff During Reporting Year

Item No.	Column	Field Title	Data Item	Field Type	Field Size
401	AG	11.01.01	Registered Nurse	Numeric	7
402	AH	11.02.01	Licensed Vocational Nurse	Numeric	7
403	AI	11.03.01	Home Health Aide	Numeric	7
404	AJ	11.04.01	Physical Therapist	Numeric	7
405	AK	11.05.01	Occupational Therapist	Numeric	7
406	AL	11.06.01	Speech Pathologist/Audiologist	Numeric	7
407	AM	11.07.01	Social Worker/Counselor	Numeric	7
408	AN	11.08.01	Hospice Physician/Medical Director	Numeric	7

Item No.	Column	Field Title	Data Item	Field Type	Field Size
			Visits by Type of Staff During Reporting Year, continued		
409	AO	11.09.01	Spiritual and Pastoral Care	Numeric	7
410	AP	11.10.01	Homemaker	Numeric	7
411	AQ	11.11.01	Other	Numeric	7
412	AR	11.12.01	TOTAL VISITS	Numeric	7
			Patient Days by Level of Hospice Care		
413	AS	11.13.01	Routine Home Care Days	Numeric	6
414	AT	11.14.01	Continuous Care Days	Numeric	6
415	AU	11.15.01	Acute Inpatient Days	Numeric	6
416	AV	11.16.01	Respite Inpatient Days	Numeric	6
417	AW	11.17.01	TOTAL Patient Days	Numeric	7
418	AX	11.18.01	Total Number of Continuous Care Hours	Numeric	6
			Percentage of Gross Revenue by Reimbursement Source		
419	AY	12.01.01	Medicare – Number of Patients	Numeric	6
420	AZ	12.01.02	Medicare – Number of Patient Days	Numeric	6
421	BA	12.01.03	Medicare - % Gross Revenue	Numeric	6
422	BB	12.02.01	Medi-Cal – Number of Patients	Numeric	6
423	BC	12.02.02	Medi-Cal – Number of Patient Days	Numeric	6
424	BD	12.02.03	Medi-Cal - % Gross Revenue	Numeric	6
425	BE	12.03.01	Private Coverage Number of Patients	Numeric	6
426	BF	12.03.02	Private Coverage Number of Patient Days	Numeric	6
427	BG	12.03.03	Private Coverage % Gross Revenue	Numeric	6
428	BH	12.04.01	Other Government – Number of Patients	Numeric	6
429	BI	12.04.02	Other Government – Number of Patient Days	Numeric	6
430	BJ	12.04.03	Other Government - % Gross Revenue	Numeric	6
431	BK	12.05.01	Self-Pay – Number of Patients	Numeric	6
432	BL	12.05.02	Self-Pay – Number of Patient Days	Numeric	6
433	BM	12.05.03	Self-Pay - % Gross Revenue	Numeric	6
434	BN	12.06.01	Other – Number of Patients	Numeric	6
435	BO	12.06.02	Other – Number of Patient Days	Numeric	6
436	BP	12.06.03	Other - % Gross Revenue	Numeric	6
437	BQ	12.07.01	No Reimbursement – Number of Patients	Numeric	6
438	BR	12.07.02	No Reimbursement – Number of Patient Days	Numeric	6
439	BS	12.07.03	No Reimbursement - % Gross Revenue	Numeric	6
440	BT	12.08.01	TOTAL – Number of Patients	Numeric	6
441	BU	12.08.02	TOTAL – Number of Patient Days	Numeric	6
442	BV	12.08.03	TOTAL - % Gross Revenue	Numeric	6
			Discharged Patients and Visits by Principal Diagnosis for Which Care Was Given		
443	BW	13.01.01	Total Number of Discharged Patients: Infectious and Parasitic Diseases, excluding HIV disease	Numeric	6
444	BX	13.01.02	Visits: Infectious and Parasitic Diseases, excluding HIV disease	Numeric	6
445	BY	13.01.03	Total Days of Discharged Patients: Infectious and Parasitic Diseases, excluding HIV disease	Numeric	7
446	BZ	13.02.01	Total Number of Discharged Patients: HIV disease	Numeric	6
447	CA	13.02.02	Visits: HIV disease	Numeric	6
448	CB	13.02.03	Total Days of Discharged Patients: HIV disease	Numeric	7
449	CC	13.03.01	Total Number of Discharged Patients: Malignant Neoplasms of lip, oral cavity,& pharynx	Numeric	6
450	CD	13.03.02	Visits: Malignant Neoplasms of lip, oral cavity, & pharynx	Numeric	6

Item No.	Column	Field Title	Data Item	Field Type	Field Size

Discharged Patients and Visits by Principal Diagnosis for Which Care was Given, continued

Item No.	Column	Field Title	Data Item	Field Type	Field Size
451	CE	13.03.03	Total Days of Discharged Patients: Malignant Neoplasms of lip, oral cavity, & pharynx	Numeric	7
452	CF	13.04.01	Total Number of Discharged Patients: Malignant Neoplasms of digestive organs & peritoneum	Numeric	6
453	CG	13.04.02	Visits: Malignant Neoplasms of digestive organs & peritoneum	Numeric	6
454	CH	13.04.03	Total Days of Discharged Patients: Malignant Neoplasms of digestive organs & peritoneum	Numeric	7
455	CI	13.05.01	Total Number of Discharged Patients: Malignant Neoplasms of respiratory & intrathoracic organs	Numeric	6
456	CJ	13.05.02	Visits: Malignant Neoplasms of respiratory & intrathoracic organs	Numeric	6
457	CK	13.05.03	Total Days of Discharged Patients: Malignant Neoplasms of respiratory & intrathoracic organs	Numeric	7
458	CL	13.06.01	Total Number of Discharged Patients: Malignant Neoplasms of bone, connective tissue, skin, & breast	Numeric	6
459	CM	13.06.02	Visits: Malignant Neoplasms of bone, connective tissue, skin, & breast	Numeric	6
460	CN	13.06.03	Total Days of Discharged Patients: Malignant Neoplasms of bone, connective tissue, skin, & breast	Numeric	7
461	CO	13.07.01	Total Number of Discharged Patients: Malignant Neoplasms of genitourinary organs	Numeric	6
462	CP	13.07.02	Visits: Malignant Neoplasms of genitourinary organs	Numeric	6
463	CQ	13.07.03	Total Days of Discharged Patients: Malignant Neoplasms of genitourinary organs	Numeric	7
464	CR	13.08.01	Total Number of Discharged Patients: Malignant Neoplasms of other & Unspecified sites	Numeric	6
465	CS	13.08.02	Visits: Malignant Neoplasms of other & Unspecified sites	Numeric	6
466	CT	13.08.03	Total Days of Discharged Patients: Malignant Neoplasms of other & Unspecified sites	Numeric	7
467	CU	13.09.01	Total Number of Discharged Patients: Malignant Neoplasms of lymphatic & hematopoietic tissue	Numeric	6
468	CV	13.09.02	Visits: Malignant Neoplasms of lymphatic & hematopoietic tissue	Numeric	6
469	CW	13.09.03	Total Days of Discharged Patients: Malignant Neoplasms of lymphatic & hematopoietic tissue	Numeric	7
470	CX	13.10.01	Total Number of Discharged Patients: Benign Neoplasms	Numeric	6
471	CY	13.10.02	Visits: Benign Neoplasms	Numeric	6
472	CZ	13.10.03	Total Days of Discharged Patients: Benign Neoplasms	Numeric	7
473	DA	13.11.01	Total Number of Discharged Patients: Carcinoma-in-situ	Numeric	6
474	DB	13.11.02	Visits: Carcinoma-in-situ	Numeric	6
475	DC	13.11.03	Total Days of Discharged Patients: Carcinoma-in-situ	Numeric	7
476	DD	13.12.01	Total Number of Discharged Patients: Neoplasms of uncertain behavior	Numeric	6
477	DE	13.12.02	Visits: Neoplasms of uncertain behavior	Numeric	6
478	DF	13.12.03	Total Days of Discharged Patients: Neoplasms of uncertain behavior	Numeric	7
479	DG	13.13.01	Total Number of Discharged Patients: Neoplasms of unspecified nature	Numeric	6
480	DH	13.13.02	Visits: Neoplasms of unspecified nature	Numeric	6
481	DI	13.13.03	Total Days of Discharged Patients: Neoplasms of unspecified nature	Numeric	7
482	DJ	13.14.01	Total Number of Discharged Patients: Endocrine, Nutritional, and Metabolic diseases, and Immunity Disorders	Numeric	6
483	DK	13.14.02	Visits: Endocrine, Nutritional, and Metabolic diseases, and Immunity Disorders	Numeric	6

Item No.	Column	Field Title	Data Item	Field Type	Field Size
			Discharged Patients and Visits by Principal Diagnosis for Which Care was Given, continued		
484	DL	13.14.03	Total Days of Discharged Patients: Endocrine, Nutritional, and Metabolic diseases, and Immunity Disorders	Numeric	7
485	DM	13.15.01	Total Number of Discharged Patients: Mental Disorders	Numeric	6
486	DN	13.15.02	Visits: Mental Disorders	Numeric	6
487	DO	13.15.03	Total Days of Discharged Patients: Mental Disorders	Numeric	7
488	DP	13.16.01	Total Number of Discharged Patients: Diseases of Nervous System and Sense Organs	Numeric	6
489	DQ	13.16.02	Visits: Diseases of Nervous System and Sense Organs	Numeric	6
490	DR	13.16.03	Total Days of Discharged Patients: Diseases of Nervous System and Sense Organs	Numeric	7
491	DS	13.17.01	Total Number of Discharged Patients: Diseases of Circulatory System	Numeric	6
492	DT	13.17.02	Visits: Diseases of Circulatory System	Numeric	6
493	DU	13.17.03	Total Days of Discharged Patients: Diseases of Circulatory System	Numeric	7
494	DV	13.18.01	Total Number of Discharged Patients: Diseases of Respiratory System	Numeric	6
495	DW	13.18.02	Visits: Diseases of Respiratory System	Numeric	6
496	DX	13.18.03	Total Days of Discharged Patients: Diseases of Respiratory System	Numeric	7
497	DY	13.19.01	Total Number of Discharged Patients: Diseases of Digestive System	Numeric	6
498	DZ	13.19.02	Visits: Diseases of Digestive System	Numeric	6
499	EA	13.19.03	Total Days of Digestive System	Numeric	7
500	EB	13.20.01	Total Number of Discharged Patients: Diseases of Genitourinary System	Numeric	6
501	EC	13.20.02	Visits: Diseases of Genitourinary System	Numeric	6
502	ED	13.20.03	Total Days of Discharged Patients: Diseases of Genitourinary System	Numeric	7
503	EE	13.21.01	Total Number of Discharged Patients: Pregnancy, Childbirth, & the Puerperium	Numeric	6
504	EF	13.21.02	Visits: Pregnancy, Childbirth, & the Puerperium	Numeric	6
505	EG	13.21.03	Total Days of Discharged Patients: Pregnancy, Childbirth, & the Puerperium	Numeric	7
506	EH	13.22.01	Total Number of Discharged Patients: Diseases of Skin and Subcutaneous Tissue	Numeric	6
507	EI	13.22.02	Visits: Diseases of Skin and Subcutaneous Tissue	Numeric	6
508	EJ	13.22.03	Total Days of Discharged Patients: Diseases of Skin and Subcutaneous Tissue	Numeric	7
509	EK	13.23.01	Total Number of Discharged Patients: Diseases of Musculoskeletal and Connective Tissue	Numeric	6
510	EL	13.23.02	Visits: Diseases of Musculoskeletal and Connective Tissue	Numeric	6
511	EM	13.23.03	Total Days of Discharged Patients: Diseases of Musculoskeletal and Connective Tissue	Numeric	7
512	EN	13.24.01	Total Number of Discharged Patients: Congenital Anomalies	Numeric	6
513	EO	13.24.02	Visits: Congenital Anomalies	Numeric	6
514	EP	13.24.03	Total Days of Discharged Patients: Congenital Anomalies	Numeric	7
515	EQ	13.25.01	Total Number of Discharged Patients: Maternal Conditions Originating in the perinatal period	Numeric	6
516	ER	13.25.02	Visits: Maternal Conditions Originating in the perinatal period	Numeric	6
517	ES	13.25.03	Total Days of Discharged Patients: Maternal Conditions Originating in the perinatal period	Numeric	7
518	ET	13.26.01	Total Number of Discharged Patients: Symptoms, Signs, & Ill-defined conditions	Numeric	6
519	EU	13.26.02	Visits: Symptoms, Signs, & Ill-defined conditions	Numeric	6
520	EV	13.26.03	Total Days of Discharged Patients: Symptoms, Signs, & Ill-defined conditions	Numeric	7

Item No.	Column	Field Title	Data Item	Field Type	Field Size

Discharged Patients and Visits by Principal Diagnosis for Which Care was Given, continued

Item No.	Column	Field Title	Data Item	Field Type	Field Size
521	EW	13.27.01	Total Number of Discharged Patients: Injury and Poisoning	Numeric	6
522	EX	13.27.02	Visits: Injury and Poisoning	Numeric	6
523	EY	13.27.03	Total Days of Discharged Patients: Injury and Poisoning	Numeric	7
524	EZ	13.28.01	Total Number of Discharged Patients: Factors Influencing Health Status and contact with Health Services	Numeric	6
525	FA	13.28.02	Visits: Factors Influenc ing Health Status and contact with Health Services	Numeric	6
526	FB	13.28.03	Total Days of Discharged Patients: Factors Influencing Health Services and contact with Health Services	Numeric	7
527	FC	13.29.01	Total Number of Discharged Patients: TOTAL	Numeric	6
528	FD	13.29.02	Visits: TOTAL	Numeric	6
529	FE	13.29.03	Total Days of Discharged Patients: TOTAL	Numeric	7

File 1 Annual Utilization Data for Home Health Agencies and Hospices (hha0001.txt)

1.   **Facility Number -**A nine-digit facility identification number assigned by OSHPD for reporting purposes.

2.   **County Number -** The number of the County in which the facility is located. There are 58 counties in California. Please note that no facilities are located in the counties of Alpine (02), Mariposa (22), Modoc (25), Mono (26), Sierra (46), Trinity (53), and Tuolumne (55). See Appendix A for county codes.

3.   **Permanent ID -** A permanent four-digit facility identification number assigned by OSHPD for internal use.

4.   **LFS License Type -** A one-digit numeric code describing the type of license a facility has (Blank = Home Health Agency, 9=Hospice).

5.   **LFS First License Date -** An eight-character code that denotes the date of the first license for a facility.

6.   **Facility Status Code** - A one-character code denoting the status of a licensed facility (Blank = License in Operating Status, C = Closed, S = License in Suspense).

7.   **LFS Status Date –** The data the facility either closed or went into suspense.

8.   **Open Status Code (Out of Suspense)** - A one-character code denoting the availability of a licensed facility (Blank = Use status from LFS Status Code, O = a previous suspended license has been reactivated).

9.   **Open Status Date** – An eight-character text code that denotes the date of a facility's opening.

10.   **Type of Consolidation –** This field is for the Parent Only. A= Indicates the Parent of main site and what type of facility it is. 4 = Home Health or Hospice.

11.   **Parent Consolidation –** Shows whether a facility is a parent or satellite. B= The number 9 will be here if this is data for the Parent facility. 1 through 8 indicates a satellite. 9 indicates a parent facility.

12.   **Sequence of Consolidation –** Shows the sequence of consolidation.

13.   **Parent/Branch Consol. Date** – The date of consolidation between branches or parent organizations.

14.   **Facility Name (on 12/31) –** The name under which the facility is doing business as of December 31. This name may be an abbreviation and may differ from the facility's legal name.

15.   **Facility DBA (Doing Business As) Address –** The street address of the facility doing business.

16.   **Facility DBA (Doing Business As) City** –The city in which the facility is doing business.

17.   **Facility DBA (Doing Business As) Zip Code –** The zip code of the facility doing business.

18.   **Facility Attention (Mailing Address) –** A specific person who should receive any mail pertaining to the Home Health and Hospice Utilization Reports.

19.   **Facility Address (Mailing Address) –** The mailing address of a facility, which may be different than the street address of a facility's DBA (P.O. Boxes, Corporate Office, or Consulting Firms).

20.   **Facility City (Mailing Address)** – The city in which the facility mail is delivered to.

Item
No.   Definition

21.   **State (Mailing Address)** – The state in which the facility mail is delivered to.

22.   **Zip Code (Mailing Address) –** The zip code in which the facility mail is delivered to.

23.   **HSA (Health Service Area) Codes: 01-14 –** A numeric code denoting the HSA in which the facility is located. The HSA's geographic area, consisting of one or more contiguous counties, is designated by the Federal Department of Health and Human Services for health planning on a regional basis.

24.   **HFPA (Health Facility Planning Area) Codes: 0101-1424 –** A numeric code denoting the Health Facility Planning Area (HFPA) in which the facility is located. The HFPA is a geographic subdivision of a Health Service Area (HSA).

25.   **Computed Status Code** – An alphabetic code that combines the LFS First Licensed Date, the LFS Status Code and Date, and the Open Status Code and Date.
        C =   Closed during current calendar year
        NO =   New (licensed this calendar year), Operating in 12/31
        NS =   New (licensed this calendar year), in Suspense on 12/31
        NC =   New (licensed this calendar year), Closed on 12/31
        NSM =   New (licensed this calendar year), in Suspense during the year, operating on 12/31
        OA =   Operating all year
        SA =   In Suspense all year
        SB =   In Suspense on January 1, Operating on December 31
        SE =   Operating on January 1, in Suspense on December 31
        SM =   Operating on 1/1 & 12/31, in Suspense for a period during the year
        SBE =   In Suspense on 1/1 & 12/31, License reactivated for a period during the year

26.   **Report Status** – A two-character numeric code that denotes the status of a facility's report.
        01 =   License in suspense all year; no report required
        02 =   License in suspense, data reported
        03 =   License in suspense, non-responder
        04 =   Facility closed, data reported
        05 =   Facility closed, non-responder
        06 =   Facility licensed, but not in operation
        07 =   Facility open, data reported
        08 =   Facility open, non-responder
        09 =   Facility open, partial year data reported (CHOW)
        10 =   Facility open, data from 2 or more owners
        11 =   Facility closed, data unavailable
        12 =   New; first licensed 2000, data reported
        13 =   New; first licensed in 2000, non-responder

27.   **Agency Type** – A one-digit numeric code that denotes the type of agency (1=For Profit, 2=Nonprofit-Private, 3=Nonprofit-Government).

28.   **Subagency** – A one-digit numeric code that denotes the subagency (1=Parent Agency, 2=Branch Office).

29. **Dates of Operation: From (MMDD) Year = 00 -** A four‑digit numeric code (the first half of a data item) that denotes a period in a year that a facility was open. This should only be completed if the agency was newly licensed, closed, or went into suspense during the reporting year. For example, if an agency was licensed on 1/1 or after or was delicensed (closed) 12/31 or before, then it would be necessary to complete this item (Month=01 through 12, Day=01 through 31).

30. **Dates of Operation: Through (MMDD) Year = 00 -** A four‑digit numeric code (the second half of a data item) that denotes a period in a year that a facility was open. This should only be completed if the agency was newly licensed, closed, or went into suspense during the reporting year. For example, if an agency was licensed on 1/1 or after or was delicensed (closed) 12/31 or before, then it would be necessary to complete this item (Month=01 through 12, Day=01 through 31).

31. **Certified for: Medicare (1=Yes, 0=No)** - A one‑digit numeric code that shows if a facility is certified for Medicare or not.

32. **Certified for: Medi-Cal (1=Yes, 0=No) -** A one‑digit numeric code that shows if a facility is certified for Medi‑cal or not.

33. **Agency has a Hospice Program (1=Yes, 0=No)** - A one‑digit numeric code that shows if a facility has a hospice program.

34. **Hospice Program certified for: Medicare (1=Yes, 0=No)** - A one‑digit numeric code that shows if a facility has a hospice program certified for Medicare.

35. **Hospice Program certified for: Medi-Cal (1=Yes, 0=No) -** A one‑digit numeric code that shows if a facility has a hospice program certified for Medicare.

36. **Hospice: Freestanding (1=Yes, 0=No)** - A one‑digit numeric code that shows if a facility is a freestanding Hospice.

37. **Hospice Certified Medicare (1=Yes, 0=No)** – A one‑digit numeric code that shows if a hospice program is certified for Medicare.

38. **Hospice Certified Medi-Cal (1=Yes, 0=No)** - A one‑digit numeric code that shows if a hospice program is certified for Medi‑Cal.

39. **Agency Accreditation: JCAHO (1=Yes, 0=No)** – A one‑digit numeric code that shows if an agency has been accredited by the Joint Commission on Accreditation of Hospital Organizations (JCAHO).

40. **Agency Accreditation: CHAP (1=Yes, 0=No) -** A one‑digit numeric code that shows if an agency has been accredited by the Community Health Accreditation Program (CHAP).

41. **Telephone Number (with Area Code) –** The main business phone number of the facility.

42-43. **Home Infusion/Pharmacy Only** - A one-digit numeric code showing whether the item listed is provided (1=Yes, 0=No)

44-52. **Special Services** - A one-digit numeric code showing whether a special service is provided (1=Service Provided, 0=Not Provided).

Item
 No.   Definition

53.   **Unduplicated patients (during reporting year)** – A seven‑digit numeric code that denotes the number of unduplicated patients seen by a home health agency during the reporting year. The term "unduplicated" implies that each patient is counted only once in the reporting year. Patients who were admitted in a previous reporting period and who received visits from an agency during this reporting period (rollovers) should be included.

54-57   **Home Health Care-Other Home Health Visits**- A six-digit numeric code that shows the number of visits for each item type.

58-64.   **Other Home Care Services**-A one-digit numeric code that details if the facility has other home care services themselves (if these services were provided by an organization other than the licensed reporting agency do not answer Yes). Other Home Care Services are not traditional home health services. They may include Continuous Care Services, Private Duty or Shift Duty Nursing, or Homemaker Services in a patient's home and the agency is reimbursed on a SHIFT, DAY, OR HOURLY BASIS. If an agency provided Other Home Care Services during the reporting year, enter a 1 (Yes). More specifically, these services include assistance with personal care, maintenance of a safe and healthy environment, and services to enable the individual to carry out the treatment plan (1=Yes, 0=No).

65-86. *Special Note*: The definition for item 65, HHA Patients by Age, applies to all the odd-numbered data items up through 85. Similarly, the definition for item 66, HHA Visits by Age, applies to all the even-numbered data items up through item 86.

65-85 (Odd). **HHA Patients by Age-** A six-digit numeric code that denotes the total number of all patients and the individual number of patients by specific age groups, a home health agency or a hospice serviced during a reporting year.

66-86 (Even). **HHA Visits by Age**– A seven-digit numeric code that denotes the total number of all visits and the individual number of patients by specific age groups, to a home health agency or a hospice during a reporting year

87-102. **Discharges by Reason for Discharge-** A six-digit numeric code that denotes the total number of discharges (termination of services by the client or agency) and the individual number of discharges for a specific reason for a home health agency or hospice for the reporting year.

103-111. **Visits by Primary Reimbursement Service-** A seven-digit numeric code that denotes the total visits and the individual number of visits by Reimbursement Service.

112-124. **Visits by Type of Staff -** A seven digit numeric code that denotes the total visits by all types of staff and the individual amount of visits by type of staff.

125-138. **Admissions by Source of** Referral - A six-digit numeric code that denotes the total admissions by all Sources of Referrals and the individual amount by type of referral.

File 2 Annual Utilization Data for Home Health Agencies and Hospices (hha0002.txt)

139.   **Facility Number -** A nine-digit facility identification number assigned by OSHPD for reporting purposes.

140-213.   *Special Note***:** The definition for item 140, Patients by Principal Diagnosis for Which Care Was Given, applies to all the even-numbered data items 140 through 212. Similarly, the definition for item 141, Visits by Principal Diagnosis for Which Care Was Given, applies to all the odd-numbered data items 141 through 213.

140-212 (Even). **Patients by Principal Diagnosis for Which Care Was Given-** A six-digit numeric code that denotes the total patients for all diagnoses and the individual number of patients for each principal diagnosis.

141-213 (Odd). **Visits by Principal Diagnosis for Which Care Was Given** A seven-digit numeric code that denotes the total visits for all diagnoses and the individual number of visits for each principal diagnosis.

214-223.   **Facility Ownership** – see specifications.

224-269.   **Hospice Services** - A one-digit numeric code that denotes if specific Hospice Services are provided by a facility directly or if these specific Hospice Services are contracted.

270-287.   **Bereavement Services** Provided - A one-digit numeric code that denotes if a specific Bereavement Service is provided by a facility or contracted.

288-293.   **Volunteer Hours by Type of Service-**A six-digit numeric code that divides volunteer hours by a specific service.

294.   **Total hours-** A seven-digit numeric code that denotes the total number of hours for all volunteers for all the services mentioned.

295-338.   **Unduplicated Patients by Gender and Age** - A six or seven digit numeric code that denotes the number of patients by gender and age and the total number for each gender and age group.

339-366.   **Unduplicated Patients by Race** - A six or seven digit numeric code that denotes the number of patients by race.

367-368.   **Ethnicity** – A six-digit numeric code that shows the ethnicity of hospice patients.

File 3 Patient Admissions and Discharges by Source and Disposition (hha0003.txt)

369.   **Facility** Number - A nine-digit facility identification number assigned by OSHPD for reporting purposes.

370-382.   **Admissions by Source of Referral** – A six-digit numeric code that denotes who referred the patients to a facility.

383-390.   **Patient Discharges by Reason for Discharge** – A six-digit numeric code that shows the reason for a patient's discharge and the total number of discharges.

391-400.   **Number of Discharged Patients by Length of Stay** – A six-digit numeric code that shows how long discharged patients stayed in the facility in thirty day intervals and the total number of days discharged patients stayed in the facility.

401-412.   **Visits by Type of Staff During Reporting Year** – A seven-digit numeric code that shows how many times a specific staff member visited patients and the total number of visits by all staff during the reporting year.

413-418.   **Patient Days by Level of Hospice Care** – A six digit numeric code that shows how many days, by level of care, a patient stayed.

419-442.   **Percentage of Gross Revenue by Reimbursement Source** – A six digit numeric code that shows the number of patients, number of patient days, and percent gross revenue.

443-529.   **Discharged Patients and Visits by Principal Diagnosis for Which Care Was Given**– A six digit numeric code that shows the total number of discharged patients and visits, plus a seven-digit numeric code that denotes the total days of discharged patients by the principal hospice diagnosis.

APPENDIX A

California Counties

Codes and Names

APPENDIX A

COUNTIES OF CALIFORNIA
NAMES AND CODE NUMBERS

COUNTY		COUNTY		COUNTY	
#	**Name**	**#**	**Name**	**#**	**Name**
01	Alameda	20	Madera	40	San Luis Obispo
02	Alpine	21	Marin	41	San Mateo
03	Amador	22	Mariposa	42	Santa Barbara
04	Butte	23	Mendocino	43	Santa Clara
05	Calaveras	24	Merced	44	Santa Cruz
06	Colusa	25	Modoc	45	Shasta
07	Contra Costa	26	Mono	46	Sierra
08	Del Norte	27	Monterey	47	Siskiyou
09	El Dorado	28	Napa	48	Solano
10	Fresno	29	Nevada	49	Sonoma
11	Glenn	30	Orange	50	Stanislaus
12	Humboldt	31	Placer	51	Sutter
13	Imperial	32	Plumas	52	Tehama
14	Inyo	33	Riverside	53	Trinity
15	Kern	34	Sacramento	54	Tulare
16	Kings	35	San Benito	55	Tuolumne
17	Lake	36	San Bernardino	56	Ventura
18	Lassen	37	San Diego	57	Yolo
19	Los Angeles	38	San Francisco	58	Yuba
		39	San Joaquin		

APPENDIX A

GEOGRAPHIC AREAS BY COUNTY

CO NO.	COUNTY NAME	HSA	HFPA(s)	CO NO.	COUNTY NAME	HSA	HFPA(s)
1	Alameda	05	415, 417, 419, 421	30	Orange	13	1011, 1012, 1013, 1014, 1015, 1016, 1017
2	Alpine	06	501	31	Placer	02	302, 308, 309
3	Amador	06	502	32	Plumas	01	215, 217
4	Butte	01	219, 220, 221	33	Riverside	12	1101, 1103, 1105, 1107, 1109, 1111
5	Calaveras	06	503	34	Sacramento	02	309, 311
6	Colusa	01	225	35	San Benito	08	701
7	Contra Costa	05	411, 413	36	San Bernardino	12	1207,1209, 1211, 1213, 1214, 1215, 1217
8	Del Norte	01	101	37	San Diego	14	1412, 1414, 1416, 1418, 1420, 1422
9	El Dorado	09	304, 306	38	San Francisco	04	423
10	Fresno	09	605, 607, 609	39	San Joaquin	06	505, 507, 509, 511
11	Glenn	01	223	40	San Luis Obispo	08	801
12	Humboldt	01	103, 105, 107, 109	41	San Mateo	04	425, 427, 428
13	Imperial	14	1424	42	Santa Barbara	10	803, 805, 807
14	Inyo	12	1201, 1203	43	Santa Clara	07	429, 431, 433
15	Kern	09	617, 619, 621, 623, 625	44	Santa Cruz	08	703, 711
16	Kings	09	615	45	Shasta	01	209, 210
17	Lake	01	115	46	Sierra	02	300, 301
18	Lassen	01	210, 213	47	Siskiyou	01	103, 203, 205
19	Los Angeles	11	901,903,905,907,909,911,913,915,917,919,921,923,925,927,929,931,933,935,937	48	Solano	03	408, 409
20	Madera	09	601	49	Sonoma	03	401, 403
21	Marin	04	405	50	Stanislaus	06	511, 516
22	Mariposa	09	603	51	Sutter	02	227
23	Mendocino	01	109, 111, 112, 113	52	Tehama	01	211
24	Merced	06	515, 516, 517	53	Trinity	01	103, 207
25	Modoc	01	201	54	Tulare	09	608, 611, 613
26	Mono	12	1205	55	Tuolumne	06	513
27	Monterey	08	705, 707, 709, 711	56	Ventura	10	809, 811, 813
28	Napa	03	407	57	Yolo	02	311, 313
29	Nevada	02	301, 302	58	Yuba	02	227

APPENDIX B

2000 Annual Utilization Report of Home Health Agencies and Hospices

(Blank Report Form)

State of California
Office of Statewide Health Planning and Development
ANNUAL UTILIZATION REPORT OF HOME HEALTH AGENCIES
AND HOSPICES -- 2000

Return this report
BY MARCH 15, 2001 TO:
Office of Statewide Health Planning
 and Development
Accounting and Reporting Systems Section
818 K Street, Room 400
Sacramento, California   95814

Completion of this Annual Utilization Report of Home Health Agencies and Hospice is required by Section 74729, Division 5, Title 22, of the California Code of Regulations for Home Health Agencies and, Section 1750(c) of the California Health and Safety Code for Hospices.   This report is for all Home Health and Hospice Services for which this agency is licensed. A separate annual report is required for each parent agency and branch; therefore, **DO NOT** combine data from your offices/locations.

If you have any questions or need assistance in completing this form, please contact our Office at (916) 323-7685.

The reporting period is the **calendar year January 1 through December 31.**

Line
1. Is your agency: (1=For Profit; 2=Nonprofit-Private; 3=Nonprofit-Government)? .... 1. _____

2. Is your agency: (1=Parent; 2=Branch)? .... 2. _____

COMPLETE QUESTION #5 ONLY IF YOUR AGENCY/HOSPICE IS NEWLY LICENSED, CLOSED OR WENT INTO SUSPENSE DURING THE REPORTING YEAR

5.   **Dates of Licensure**: If the agency/hospice was licensed on or after 1/1 or was delicensed (closed) on or before 12/31, enter the dates of operation in Columns 1 and 2. (Month = 01 through 12 and Day = 01 through 31).

	Col. 1		Col. 2	
l. FROM	Month	Day	THROUGH Month	Day

		Col. 1		Col. 2
6. Enter the number 1 if the HHA was certified for:	6. Medicare	_____	Medi-Cal	_____
7. Enter the number 1 if the HHA has a hospice program	7.	_____		
8. Enter the number 1 if the HHA's hospice program was certified for:..........................	8. Medicare	_____	Medi-Cal	_____
9. Enter the number 1 if this entity is a freestanding hospice	9.	_____		
10. Enter the number 1 if the hospice was certified for:	10. Medicare	_____	Medi-Cal	_____
11. Enter the number 1 if the HHA/Hospice has the following accreditation:	11. JCAHO	_____	CHAP	_____

_____   _____
PERSON RESPONSIBLE FOR COMPLETING REPORT   TITLE

21. Telephone (____) _____   FAX Number (____) _____

I certify that the information contained in this report is accurate and complete to the best of my knowledge

_____   _____
Administrator's Name (please print)   Administrator's Signature

PART A
HOME HEALTH UTILIZATION

A. HOME INFUSION THERAPY/PHARMACY ONLY

1. Enter the number 1 (yes) if you have a Registered Nurse on staff who makes home visits .... 1. _____

2. Enter the number 1 (yes) if the agency is a licensed Pharmacy .... 2. _____

B. SPECIAL SERVICES

Check the special services, below, performed under your Home Health Agency License:

LINE	COLUMN 1		COLUMN 2	
12		ENTEROSTOMAL THERAPY		MENTAL HEALTH COUNSELING
13		RESPIRATORY/PULMONARY THERAPY		PEDIATRIC
14		IV THERAPY (INCLUDES CHEMO & TPN)		PSYCHIATRIC NURSING
15		AIDS SERVICES		BLOOD TRANSFUSIONS
16		OTHER, SPECIFY:		

C. PATIENT INFORMATION

17. Enter the number of *unduplicated* patients seen by your agency during the reporting year... 17. _____

D. HOME HEALTH CARE

	OTHER HOME HEALTH VISITS	
Line	Number Of Visits	
18.		PRE-ADMISSION SCREENING/EVALUATIONS
19.		OUTPATIENT VISITS
20.		OTHER, SPECIFY:
21.		TOTAL

E. OTHER HOME HEALTH SERVICES (Home Care Service, e.g., Continuous Care)
NOTE: Do not complete lines 22-29 if these services were provided by an organization other than your licensed agency.

Line
22. Enter a 1 (yes) if your agency performed other Home Care Services...22._____

23. How many total hours of other Home Care did your agency provide? ....23._____

Please check below, those other Home Care Services, Staff, and Functions provided:

25. ____ Non-intermittent Nursing (RN/LVN)   28. ____ Home Health Aide

26. ____ Certified Nurse Assistant (CNA)   29. ____ Other, specify: _____

27. ____ Homemaker Services

HOME HEALTH AGENCY PATIENTS & VISITS

TABLE 1 -- PATIENTS AND VISITS BY AGE

Age	Line No.	Column 1 Patients	Column 2 Visits
TOTAL	1		
0-10 Years	2		
11-20 Years	3		
21-30 Years	4		
31-40 Years	5		
41-50 Years	6		
51-60 Years	7		
61-70 Years	8		
71-80 Years	9		
81-90 Years	10		
91 Years and Older	11		

TABLE 2 -- DISCHARGES

Reason for Discharge	Line No.	Patient Discharges Col 1
TOTAL	21	
No Further Home Health Care Needed	22	
Admitted to Hospital	23	
Admitted to SN/IC Facility	24	
Family/Friends Assumed Responsibility	25	
Patient Moved out of Area	26	
Patient Refused Service	27	
Transferred to Another HHA	28	
Transferred to Outpatient Rehabilitation	29	
Physician Request	30	
Death	31	
Lack of Funds	32	
Lack of Progress	33	
Transferred to Hospice	34	
Transferred to Home Care (Personal Care)	35	
Other, Specify:	36	

NOTE: **Only include** patients whose services were terminated by the client or agency.

TABLE 3 -- VISITS BY PRIMARY REIMBURSEMENT SOURCE

Reimbursement Source	Line No.	Visits Col 1
TOTAL	39	
Medicare	40	
Medi-Cal	41	
CHAMPUS	42	
Other Third Party *(ins., etc.)*	43	
Private (Self Pay)	44	
HMO/PPO	45	
No Reimbursement	46	
Other (Incl., MSSP)	47	

TABLE 4 -- VISITS BY TYPE OF STAFF

TYPE OF STAFF	Line No.	Visits Col 1
TOTAL	51	
Registered Nurse	52	
Public Health Nurse	53	
Home Health Aide	54	
Physical Therapist	55	
Licensed Vocational Nurse	56	
Social Worker	57	
Occupational Therapist	58	
Speech Pathologist/Audiologist	59	
Nutritionist (diet counseling)	60	
Physician	61	
Spiritual and Pastoral Care	62	
Other, Specify:_____	63	

TABLE 5 -- ADMISSIONS BY SOURCE OF REFERRAL

Source of Referral	Line No.	Patient Admissions Col 1
TOTAL	71	
Hospital (Discharge Planner, etc)	72	
Physician	73	
Family/Friend	74	
Self	75	
Long Term Care Facility (SN/IC)	76	
Local Health Department	77	
Clinic	78	
Social Service Agency	79	
Another Home Health Agency	80	
Payor (insurer, HMO, etc)	81	
Hospice	82	
MSSP	83	
Other, Specify: _____	84	

INSTRUCTIONS: **Visits** must be the **same** number as reported on **Table 1**

HEALTH CARE UTILIZATION

TABLE 6 -- PATIENTS AND VISITS BY PRINCIPAL DIAGNOSIS FOR WHICH CARE WAS GIVEN

PRINCIPAL DIAGNOSIS (See Pages 5 & 6 for ICD-9-CM codes)	Line No	Col. 1 PATIENTS	Col. 2 VISITS
TOTAL	1		
Infectious and parasitic diseases (Exclude AIDS)	2		
HIV infections (includes AIDS, ARC, HIV)	3		
Malignant neoplasms: Lung	4		
Malignant neoplasms: Breast	5		
Malignant neoplasms: Intestines	6		
Malignant neoplasms: All other sites	7		
Non-malignant neoplasms: All sites	8		
Diabetes mellitus	9		
Endocrine, metabolic, and nutritional diseases; Immunity disorders	10		
Diseases of blood and blood forming organs	11		
Mental disorder	12		
Alzheimer's disease	13		
Diseases of nervous system and sense organs	14		
Diseases of cardiovascular system	15		
Diseases of cerebrovascular system	16		
Diseases of all other circulatory system	17		
Diseases of respiratory system	18		
Diseases of digestive system	19		
Diseases of genitourinary system	20		
Diseases of breast	21		
Complications of pregnancy, childbirth, and the puerperium	22		
Diseases of skin and subcutaneous tissue	23		
Diseases of musculoskeletal system and connective tissue	24		
Congenital anomalies and perinatal conditions	25		
Symptoms, signs, and ill-defined conditions (Exclude HIV positive test)	26		
Fractures (Exclude birth fx, pathological fx, malunion fx, nonunion fx)	27		
All other injuries	28		
Poisonings and adverse effects of external causes	29		
Complications of surgical and medical care	30		
Health services related to reproduction and development	31		
Infants born outside hospital	32		
Health hazards related to communicable diseases	33		
Other health services for specific procedures and aftercare	34		
Visits for Evaluation & Assessment	35		

Total patients in Table 6 above, CANNOT BE LESS THAN total patients in Table 1 on Page 3. Total patients in Table 6 CAN EXCEED total patients in Table 1 ONLY by the number of patients whose primary condition changed and who were readmitted with a different primary condition.

Total visits <u>must be equal to</u> total visits in Table 1 on Page 3, line 1.

How many of the patients you reported in Table 1 on Page 3 had a primary or secondary diagnosis of HIV (AIDS/ARC) or Alzheimer's Disease and how many health care visits were made to them. The primary condition for which an HIV or Alzheimer's patient was visited may have been a fracture, a skin infection, cancer, or any number of primary conditions; what we are asking relates to the number of HIV or Alzheimer's patients among your total patient load, regardless of the nature of the treatment received or the primary condition of the patient.

HIV (AIDS/ARC or HTLV/III-LAV)		
Line No.	Col. 1 PATIENTS	Col. 2 VISITS
36		

ALZHEIMER'S DISEASE		
Line No.	Col. 1 PATIENTS	Col. 2 VISITS
37		

PRINCIPAL DIAGNOSIS

HOME HEALTH   Principal diagnosis is the diagnosis most related to the current plan of treatment. The principal diagnosis may or may not be related to the client's most recent hospital stay, but must relate to the services rendered by the home health agency. If more than one diagnosis is treated concurrently, the diagnosis that represents the most acute condition and requires the most intensive services is considered the principal diagnosis.

LINE ITEM	ICD-9-CM CODES	DESCRIPTION
2	001.0-041.9 045.00-139.8	Infectious and parasitic diseases
3	042	HIV (Human Immunodeficiency Virus) infections [Excludes positive finding of HIV V08 or inconclusive finding of HIV 795.71])
4	162.0-162.9 197.0, 231.2	Malignant neoplasms of lung
5	174.0-174.9 175.0-175.9 198.2, 198.81 233.0	Malignant neoplasms of breast
6	152.0-154.0 159.0, 197.4 197.5, 197.8 198.89, 230.3 230.4, 230.7	Malignant neoplasms of small and large intestines
7	140.0-208.91 230.0-234.9	Malignant neoplasms of all sites other than lung, breast or intestines (primary, secondary, CA-in-situ). [Excludes malignant neoplasms as shown in lines #4-6]
8	210.0-229.9 235.0-238.9 239.0-239.9	Non-malignant neoplasms of all sites (benign, uncertain behavior, and unspecified nature).
9	250.00-250.93	Diabetes and its related manifestations
10	240.0-246.9 251.0-279.9	Endocrine, metabolic, and nutritional diseases and Immunity disorders. [Excludes diabetes as shown in line #9]
11	280.0-289.9	Diseases of blood and blood-forming organs
12	290.0-319	Mental disorders, effective 10/1/96
13	331.0	Alzheimer's disease, effective 10/1/96
14	320.0-389.9	Disease of nervous system and sense organs [Excludes Alzheimer's disease as shown in line #13]
15	391.0-392.0 393-402.91 404.00-429.9	Diseases of cardiovascular system
16	430-438.9	Diseases of cerebrovascular system, effective 10/1/97
17	390, 392.9 403.00-403.91 440.0-459.9	Diseases of all other circulatory systems [Excludes heart or brain involvement as shown in lines #15-16]
18	460-519.9	Diseases of respiratory system [Excludes lung neoplasms as shown in lines #4 and #8]
19	520.0-579.9	Diseases of digestive system [Excludes intestinal neoplasms as shown in lines #6 and #8]
20	580.0-608.9 614.0-629.9	Diseases of genitourinary system [Excludes diseases of breast for male of female as shown in line #21]

LINE ITEM	ICD-9-CM CODES	DESCRIPTION
21	610.0-611.9	Diseases of breast (male or female). [Excludes breast neoplasms as shown in lines #5 and #8]
22	630-677	Complications of pregnancy, childbirth, and the puerperium
23	680.0-709.9	Diseases of skin and subcutaneous tissue
24	710.00-739.9	Diseases of musculoskeletal systems and connective tissues
25	740.0-779.9	Congenital anomalies and certain conditions originating in perinatal period
26	780.01-795.6 795.79 & 796.0-799.9	Symptoms, sign, and ill defined conditions [Excludes inconclusive finding of HIV 795.71]
27	800.00-829.1	Fractures [Excludes birth fracture, pathological fracture, nonunion or malunion fracture]
28	830.0-959.9	All other injuries (dislocations, sprains, internal injury, open wound, superficial injury, contusion, crushing injury, foreign body, injuries to blood vessels, nerves and spinal cord, and burns)
29	960.0-995.89	Poisonings and adverse effects of external causes
30	996.00-999.9	Complications of surgical and medical care
31	V20.0-V26.9 V28.0-V29.9	Health services related to reproduction and development [Excludes outcome of deliveries - V27.0-V27.9]
32	V30.1-V30.2 V31.1-V31.2 V32.1-V32.2 V33.1-V33.2 V34.1-V34.2 V35.1-V35.2 V36.1-V36.2 V37.1-V37.2 V39.1-V39.2	Infants born outside hospital
33	V01.0-V19.8 V40.0-V49.9	Health hazards related to communicable diseases; Personal and family history; Other factors influencing health status [Excludes positive finding of HIV V08]
34	V50.0-V58.9	Other health services for specific procedures and aftercare
35	V60.0-V82.9	Visits for evaluation and assessment

PART B
HOSPICE UTILIZATION

A hospice is a centrally administered program of palliative and supportive services which provides physical, psychological, social and spiritual care for dying persons and their families, focusing on pain and symptom control for the patient. Care is available by a coordinated interdisciplinary team seven days a week, 24 hours a day. Emotional care to the patient's family extends through the bereavement period.

Complete this part of the report if the agency is a freestanding Hospice _or_ a Home Health Agency providing hospice services.

I. FACILITY OWNERSHIP

1. Enter the number 1 (yes) if the hospice is under common ownership or control with inpatient facility(ies), including a hospital, Skilled Nursing Facility (SNF), or Congregate Living Health Facility (CLHF).. 1. _____

2. If line 1 is yes, how many related facilities are under common ownership or control with inpatient facility(ies), including a hospital, SNF, or CLHF?.. 2. _____

   How are they licensed?

	Col 1	Col 2.

3. Enter the number 1 in column 1 if the related inpatient facility(ies) is licensed as a hospital and indicate the number of hospice beds in column 2.. 3. _____ _____

4. Enter the number 1 in column 1 if the related inpatient facility(ies) is licensed as a SNF and indicate the number of hospice beds in column 2.. 4. _____ _____

5. Enter the number 1 in column 1 if related inpatient facility(ies) is licensed as a CLHF and indicate the number of hospice beds in column 2.. 5. _____ _____

6. Enter the number 1 in column 1 if the hospice is under common ownership or control with a Residential Care Facility for the Elderly (RCFE) and indicate the number of hospice beds in column 2 .... 6. _____ _____

II. SERVICES

Check all of the services directly provided by <u>OR</u> contracted for by the hospice:

Table 13 – Hospice Services			
LineNo.	Hospice Services	Directly Provided Column 1	Contracted Column 2
07	Enterostomal Therapy		
08	Respiratory/Pulmonary Therapy		
09	Nutritional Counseling		
10	IV Therapy		
11	Palliative Chemo Therapy		
12	Palliative Radiation Therapy		
13	24 Hour On Call & Visit Coverage		
14	Pediatric Care		
15	HIV Care		
16	In Home Respite		
17	Home Medical Equipment/Supplies		
18	Laboratory Services		
19	Transportation/Ambulance		
20	Pharmacy		
21	Inpatient Services		
22	Nursing		
23	Social Work/Counseling		
24	Spiritual/Pastoral		
25	Home Health Aide/Homemaker		
26	Volunteer Services		
27	Hospice Physician/Medical Director		
28	Bereavement Services		
29	Other, Specify _____		

HOSPICE UTILIZATION

II. **SERVICES** (Continued)

Check all of the services directly provided by <u>OR</u> contracted for by the hospice:

Table 14 - Type of Bereavement Services Provided		Directly Provided Column 1	Contracted Column 2
Line No.			
01	Bereavement Assessments		
02	Home Counseling by Professionals		
03	Home Counseling by Volunteers		
04	Referrals for Psychological Services When Appropriate		
05	Follow-ups (telephone/mail)		
06	General Bereavement Groups		
07	Memorial Services		
08	Specialized Bereavement Groups Specify: _____		
09	Social Activities Specify: _____		

Table 15 - Volunteer Hours by Type of Service		Volunteer Hours Column 1
Line No.	**Type of Service**	
15	Non-Professional Patient/Family Support	
16	Professional Clinical Patient/Family Support	
17	Bereavement Support	
18	Patient Care Program Administrative Support	
19	Non-patient Care Administrative Support	
20	Other, Specify: _____	
21	**TOTAL HOURS**	

HOSPICE UTILIZATION

PATIENT INFORMATION

TABLE 16 - _UNDUPLICATED_ PATIENTS BY GENDER AND AGE

Line No.	AGE	MALE Column 1	FEMALE Column 2	OTHER/UNKNOWN* Column 3	TOTAL Column 4
01	0-10 Yrs				
02	11-20 Yrs				
03	21-30 Yrs				
04	31-40 Yrs				
05	41-50 Yrs				
06	51-60 Yrs				
07	61-70 Yrs				
08	71-80 Yrs				
09	81-90 Yrs				
10	91 + Yrs				
11	**TOTAL**				

TABLE 17 - _UNDUPLICATED_ PATIENTS BY RACE

Line No.	RACE	MALE Column 1	FEMALE Column 2	OTHER/UNKNOWN* Column 3	TOTAL Column 4
20	WHITE				
21	BLACK				
22	NATIVE AMERICAN				
23	ASIAN/PACIFIC ISLANDER				
24	OTHER*				
25	UNKNOWN*				
26	**TOTAL**				

Table 18 ETHNICITY

	Hispanic Column 1	Non-Hispanic Column 2
Line 30		

*If other/unknown greater than 3% of total, must explain.

HOSPICE UTILIZATION

PATIENT ADMISSIONS BY SOURCE AND DISCHARGES BY DISPOSITION

Table 19 - ADMISSIONS BY SOURCE OF REFERRAL		Patient Admissions
Line No.	Source of Referral	Column 1
01	Hospital (Discharge Planner, etc.)	
02	Physician	
03	Family/Friend	
04	Self	
05	Long-term Care Facility (SN/IC)	
06	Clinic	
07	Social Service Agency	
08	Home Health Agency	
09	Payer (Insurer, HMO, etc.)	
10	Other Hospice	
11	AIDS Service Organization	
12	Other, Specify: _____	
13	**TOTAL**	

TABLE 20 - PATIENT DISCHARGES BY REASON		Patient Discharges
Line No.	Reason for Discharge	Column 1
20	Death	
21	Patient Moved Out of Area	
22	Patient Refused Service	
23	Transferred to Another Local Hospice	
24	Prognosis Extended	
25	Patient Desired Curative Treatment	
26	Other, Specify: _____	
27	**TOTAL**	

PATIENTS DISCHARGED BY LENGTH OF STAY

Table 21 – NUMBER OF DISCHARGED PATIENTS BY LENGTH OF STAY		
LineNo	DAYS	Number of Discharged Patients Column 1
35	0 - 30 Days	
36	31 - 60 Days	
37	61 - 90 Days	
38	91 - 120 Days	
39	121 - 150 Days	
40	151 - 180 Days	
41	181 - 210 Days	
42	211 - 240 Days	
43	241 + Days	
44	Total Patients	

HOSPICE UTILIZATION

VISITS BY TYPE OF STAFF DURING REPORTING YEAR

Line No.	Type of Staff	Column 1
TABLE 22- Visits By Type of Staff During Reporting Year		
		TOTAL NUMBER OF VISITS
01	Registered Nurse	
02	Licensed Vocational Nurse	
03	Home Health Aide	
04	Physical Therapist	
05	Occupational Therapist	
06	Speech Pathologist/Audiologist	
07	Social Worker/Counselor	
08	Hospice Physician/Medical Director	
09	Spiritual and Pastoral Care	
10	Homemaker	
11	Other, Specify _____	
12	**TOTAL**	

PATIENT DAYS BY LEVEL OF CARE DURING REPORTING YEAR

TABLE 23 – Patient Days by Level of Hospice Care		Patient Days
	Level of Hospice Care	Column 1
16	Routine Home Care	
17	Continuous Care	
18	Acute Inpatient	
19	Respite Inpatient	
20	**TOTAL** *Patient* **Days**	

21. Total number of continuous care hours..21. _____

HOSPICE UTILIZATION

PERCENTAGE OF GROSS REVENUE BY REIMBURSEMENT SOURCE

Line No.	Reimbursement Source	NUMBER OF PATIENTS Column 1	NUMBER OF PATIENT DAYS Column 2	% GROSS REVENUE Column 3
*Table 24 – PERCENTAGE OF GROSS REVENUE BY REIMBURSEMENT SOURCE				
01	Medicare			
02	Medi-Cal			
03	Private Coverage			
04	Other Government			
05	Self-Pay			
06	Other Specify _____			
07	No Reimbursement			
08	**TOTAL**			*

*MUST ADD TO 100%

HOSPICE UTILIZATION

HOSPICE   The principal diagnosis is the disease/problem to be the chief cause of the admission of the patient to the hospice program.

Line No.	PRINCIPAL HOSPICE DIAGNOSIS FOR DISCHARGED PATIENTS		Column 1 Total Number of Discharged Patients	Column 2 Visits	Column 3 Discharged Patients Total Days of Care
	ICD-9-CM Code				
1	001-041, 045-139	Infectious and Parasitic Diseases, excluding HIV disease			
2	042	HIV Disease			
3	140-149	Malignant Neoplasm of lip, oral cavity, & pharynx			
4	150-159	Malignant Neoplasm of digestive organs & peritoneum			
5	160-165	Malignant Neoplasm of respiratory & intrathoracic organs			
6	170-175	Malignant Neoplasm of bone, connective tissue, skin, & breast			
7	179-189	Malignant Neoplasm of genitourinary organs			
8	190-199	Malignant Neoplasm of other & unspecified sites			
9	200-208	Malignant Neoplasm of lymphatic & hematopoietic tissue			
10	210-229	Benign Neoplasms			
11	230-234	Carcinoma-in-situ			
12	235-238	Neoplasms of uncertain behavior			
13	239	Neoplasms of unspecified nature			
14	240-289	Endocrine, Nutritional, and Metabolic diseases, and Immunity Disorders			
15	290-319	Mental Disorders			
16	320-389	Diseases of Nervous System and Sense Organs			
17	390-459	Diseases of Circulatory System			
18	460-519	Diseases of Respiratory System			
19	520-579	Diseases of Digestive System			
20	580-629	Diseases of Genitourinary System			
21	630-677	Pregnancy, Childbirth, & the Puerperium			
22	680-709	Diseases of Skin and Subcutaneous Tissue			
23	710-739	Diseases of the Musculoskeletal System and Connective Tissue			
24	740-759	Congenital Anomalies			
25	760-779	Certain Conditions Originating in the perinatal period			
26	780-799	Symptoms, Signs, & Ill-defined conditions			
27	800-999	Injury, Poisoning, and Complications			
28	V01-V82	Factors Influencing Health Status and contact with Health Services			
29	**TOTAL**				

TABLE 25 -- DISCHARGED PATIENTS AND VISITS BY PRINCIPAL DIAGNOSIS FOR WHICH CARE WAS GIVEN